



Fraud Complaint Form

Please fill out this form and send it to:

Alcohol and Gambling Enforcement
 444 Cedar Street, Suite 133
 St. Paul, MN 55101

Law enforcement or regulatory agencies may desire copies of pertinent documents regarding your complaint. Original documents should be retained for use by law enforcement agencies.

* = required field

Your Information			
*Last Name:			
Middle Name:			
*First Name:			
Business Name:			
*Address:			
*City:			
*State:		*Zip or Postal Code:	
*Phone Number:			
E-mail Address:			
Complaint Information			
Business Name:			
First Name:			
Last Name:			
Address:			
City:			

State or Province:		Zip or Postal Code:	
Country:			
Phone Number:			
E-mail Address:			
*Do you have pertinent documents in paper form?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
*Did you lose money to this scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please indicate the means of payment (select all that apply)	<input type="checkbox"/> Cash <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Check/Debit Card <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Wire Transfer		
Other Loss? (Specify)			
Explain Your Problem:			
(Use the back of this form if you need more space)			
How did the company or individual initially contact you?			
*Was the initial contact unsolicited or uninvited?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
How much time has passed since you became aware it was a scam or fraud?			
*Have you reported this crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, please indicate who you contacted (select all that apply)	<input type="checkbox"/> Better Business Bureau <input type="checkbox"/> Consumer protection agency <input type="checkbox"/> Police or other law enforcement <input type="checkbox"/> Private attorney <input type="checkbox"/> Individual or business that victimized you		